## **Your NVA Vision Benefit Summary**

## Schedule of Vision Benefits

Benefit Frequency	Participating Provider	Non-Participating Provider
Examination Once Every 12 Months	Covered 100%	Reimbursed Amount • Up to \$30
Lenses Once Every 12 Months  Single Vision Bifocal Trifocal Lenticular Prisms Solid Tints Gradient Tints (SV) Gradient Tints (Bi/Tri)	Standard Glass or Plastic  Covered 100%  Covered 100%  Covered 100%  Up to \$4  Up to \$6	<ul> <li>Up to \$25</li> <li>Up to \$35</li> <li>Up to \$45</li> <li>Up to \$80</li> <li>N/A</li> <li>N/A</li> <li>N/A</li> <li>N/A</li> <li>N/A</li> </ul>
Frame Once Every 12 Months	Retail Allowance Up to \$100 (20% discount off balance)*	- Up to \$35
Contact Lenses Once Every 12 Months Elective Contact Lenses	In lieu of Lenses & Frame  ■ Up to \$100 Retail① (15% discount (Conventional) or 10% discount (Disposable) off balance)**	In lieu of Lenses & Frame • Up to \$80
Medically Necessary***	Covered 100%	■ Up to \$100

## Labor Association of WI. Inc. Effective 12/01/1995 Revised 01/01/2015 Group Number #43274 How Your Vision Care Program Works

Eligible members and dependents are entitled to receive a vision examination and one (1) pair of lenses and a frame or contact lenses once every 12 months from last date of service.

At the start of the program, if authorized by your employer you may receive identification cards with participating providers in your zip code area listed on the back. At the time of your appointment, you must indicate that your benefit is administered by NVA. The provider will contact NVA to verify eligibility.

Be sure to inform the provider of your medical history and any prescription or over-the-counter (OTC) medications you may be taking.

To verify your benefit eligibility prior to calling or visiting your eye care professional, please visit our website at <a href="www.e-nva.com">www.e-nva.com</a> or contact NVA's Customer Service Department toll-free at 1.800.672.7723 (TDD line 1-888-820-2990) or NVA's Interactive Voice Response (IVR). Customer Service is available 24 hours a day, 7 days a week, 365 days a year. Any question any time.

If you are not a registered subscriber, you can still search our providers online by selecting the "Find a Provider" link on our home page. Enter group number 43274000001 or the group number on the identification card and enter in your search parameters. It's that easy!

\*Does not apply to Wal-Mart / Sam's Club locations or for certain proprietary brands. \*\*Does not apply to Wal-Mart/Sam's Club, Contact Fill (NVA Mail Order) or the following locations: Target, Sears, JC Penney, Boscov's, Pearle, K-Mart, & Macys. \*\*\*Pre-approval from NVA required.

①Additional professional services related to contact lenses (also known as fitting fees) would be included in the contact lens allowance shown above.

Due to their everyday low prices (EDLP) the amounts listed below may not be applicable at Wal-Mart/Sam's Club.

Lens options purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option pricing list below:

- \$75 Polarized
- \$100 Progressive Lenses Premium\*
- \$10 Standard Scratch-Resistant Coating
- \$12 Ultraviolet Coating\$40 Standard Anti-Reflective
- \$20 Glass Photogrey (Single Vision)
- \$30 Glass Photogrey (Multi-Focal)
- \*Fixed Pricing not available on certain brands
- \$50 Progressive Lenses Standard\*
- \$65 Transitions Single Vision Standard
- \$70 Transitions Multi-Focal Standard \$25 Polycarbonate (Single Vision)
- \$30 Polycarbonate (Multi-Focal)
- \$30 Blended Bifocal (Segment)
- \$55 High Index

Options not listed will be priced by NVA providers at their R&C retail price less 20%.

Participating providers are not contractually obligated to offer sale prices in addition to outlined coverage. Regardless of medical or optical necessity, vision benefits are not available more frequently than specified in your policy.

## **Get a Better View**



**Plan Specific Details Online**: The NVA website is easy to use and provides the most up to date information for program participants:

-Locate a nearby participating provider by name, zip code, or City/State, Verify eligibility for you or a dependent

-View benefit program and specific detail, Review claims, Print ID cards (when applicable), Nominate a non-participating provider to join the NVA network

**Examinations**: The comprehensive exam includes case history, examination for pathology or anomalies, visual acuity (clearness of vision), refraction, tonometry (glaucoma test) and dilation (if professionally indicated).

**Lenses**: NVA provides coverage in full for standard glass or plastic eyeglass lenses.

**Frames**: Select any frame from the participating provider's inventory. Any amount in excess of your plan allowance is the member's responsibility. Frame choices vary from office to office. (Visit NVA's website to view the Benefit maximizer Program)

**Contact Lenses:** The contact lens benefit includes all types of contact lenses such as hard, soft, gas permeable and disposable lenses. <u>Medically necessary contact lenses</u> may be covered with prior authorization.

**Non-Participating Providers:** You will be responsible for one hundred percent (100%) of the cost at the time of service at a non-participating provider. You can request a claim form from NVA via the website <a href="www.e-nva.com">www.e-nva.com</a> or you may submit receipts along with a letter containing the member's full name, patient's full name, address, ID# and sponsoring organization to NVA, P.O. Box 2187, Clifton, NJ 07015.

**Laser Eye Surgery:** NVA has chosen **The National LASIK Network** to serve their members. This network was developed by **LCA Vision** in 1999 and is one of the largest panels of LASIK surgeons in the U.S. Members are entitled to significant discounts and a free initial consultation with all in-network providers.

**Discounts:** In addition to your funded benefit you are eligible to access the **EyeEssential® Plan discount** (in Network Only) on additional purchases during the plan period. Please see table for more detail regarding NVA's discount plan:

\*Discount is not applicable to mail order; however, you may get even better pricing on contact lenses through Contact Fill.

Your NVA EyeEssential® Plan Discount – In Network Only			
Service	Participating Provider	Lens Options	
	Member Cost:		
Eye Examination:	Retail Less \$10	\$12 Solid Tint/ Gradient Tint	
Contact Lens Fitting:	Retail Less 10%	\$50 Standard Progressive Lenses \$75 Polarized Lenses \$65 Transitions Single Vision Standard	
Lenses:	Glass or Plastic	\$70 Transitions Multi-Focal Standard \$15 Standard Scratch Coating	
Single Vision	\$35.00	\$12 UV Coating	
Bifocal	\$55.00	\$35 Polycarbonate	
Trifocal or Lenticular	\$70.00	\$45 Standard Anti-Reflective	
Frame:	Retail Less 35%		
Contact Lenses*:	Member Cost:		
Conventional	Retail Less 15%		
Disposable	Retail Less 10%		

Lens options purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option price list above.

Options not listed will be priced by NVA providers at their reasonable & customary retail price less 20%.

Wal-Mart / Sam's Club Stores: Due to their everyday low prices (EDLP) Wal-Mart / Sam's Club stores do not provide additional discounts.

At NVA, We Work Only for Our Clients.

National Vision Administrators, L.L.C. PO Box 2187 Clifton, NJ 07015 Web: www.e-nva.com Toll-Free: 1.800.672.7723

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This document is intended as a program overview only and is not a certified document of the individual plan parameters.

